of many than Mrs. Whitman, who is indefatigable in the cause. Boston has been hearty in its response. The amount for endowing a bed or "naming a trip" was given as too small at the outset,—viz., one hundred dollars. In New York it is five hundred, although their daily expenses exceed ours. There, too, the same need exists for establishing the work on a permanent financial basis through an endowment fund, it having been possible last year, as with us, merely to keep out of debt, with little or nothing in the treasury. This year we have been told of the urgent demand for funds to complete the work, showing increased capacity as well as needs.

[NOTE.—Information concerning the Floating Hospital can be had by writing to the following persons: Mrs. M. C. Whitman, Lend-a-Hand Society Office, 1 Beacon Street, and Rev. Rufus B. Tobey, 178 Devonshire Street.]

OBSTETRICAL EMERGENCIES

BY HENRY D. FRY, M.D.
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"THE obstetric nurse is the *oldest* and the *newest* of nurses."

First, she is the oldest because she antedates the history of medicine. People in the early ages succumbed to diseases; submitted to surgical operations, crude though the operations were; yet we have no record of medical or surgical nurses. Not so, however, with the obstetric nurse, or as she was called, the man-wife or midwife. Her labors are recorded in what is acknowledged to be the most ancient complete book in existence,—viz., Genesis. This was written about four thousand years ago. We are informed (chap. xxxv. 16-19) that "Rachel travailed, and she had hard labor. And it came to pass, when she was in hard labor, that the midwife said unto her, Fear not; thou shalt have this son also. And Rachel died."

Here, in the first record of her work, we have the nurse encouraging the parturient woman, but "higher criticism" might point out the unfortunate fact that she lost her first case.

Again, in chapter xxxviii. (27-30), describing Tamar's accouchement, it says, "And it came to pass in the time of her travail, that, behold, twins were in her womb.

"And it came to pass, when she travailed, that the one put out his hand: and the midwife took and bound upon his hand a scarlet thread, saying, This came out first.

"And it came to pass, as he drew back his hand, that, behold, his brother came out: and she said, How hast thou broken forth? this breach be upon thee: therefore his name was called Pharez.

"And afterward came out his brother, that had the scarlet thread upon his hand: and his name was called Zarah."

The birthright belonged to the first born, and consequently it was an important duty of the midwife to designate the heir in cases of twin birth. Her exclamation at the defeat of her scarlet thread infant may have been meant for surprise, reproach, or wonder. In the book of Exodus we have an interesting account of the Hebrew midwives. As it seems there were only two of them to attend to the births of the Hebrew children, we can well imagine they made a record that would put the modern obstetrician to shame so far as numbers go.

"And the king of Egypt spake to the Hebrew midwives, of which the name of the one was Shiphrah, and the name of the other Puah:

"And he said, When ye do the office of a midwife to the Hebrew women, and see them upon the stools, if it be a son, then ye shall kill him; but if it be a daughter, then she shall live.

"But the midwives feared God, and did not as the king of Egypt commanded them, but saved the men children alive.

"And the king of Egypt called for the midwives, and said unto them, Why have ye done this thing, and have saved the men children alive?

"And the midwives said unto Pharaoh, Because the Hebrew women are not as the Egyptian women; for they are lively, and are delivered ere the midwives come in unto them.

"Therefore God dealt well with the midwives: and the people multiplied, and waxed very mighty.

"And it came to pass, because the midwives feared God, that he made them houses."

So much for the records of the antiquity of the midwife.

Second. She is the *newest* of nurses.

A modern obstetric nurse must combine the qualities of a good medical nurse and a good surgical nurse. She must bring to bear the same tact and judgment demanded in a medical nurse; the same painstaking care and observation in the performance of her daily duties; and she must also bring to bear in her obstetric work the knowledge of the surgical nurse,—a clear conviction of the importance of asepticism. In no field do we witness the disastrous work of germ life so much as in this one. Puerperal fever to-day destroys more lives after childbirth than all other causes combined.

The responsibilities of the obstetric nurse are great because she has

the care of the two lives,—the mother and the new-born babe: she must be competent and self-reliant to meet the emergencies that often arise. She is frequently the subject of unjust criticism. If the young mother should recover her health with a figure too portly to suit her fancy, it will be because the nurse did not bandage her properly. If her breast should become inflamed or suppurate, it will be due to something the nurse did or did not do. If the baby has sore eyes, it will be caused by the nurse having exposed them to too bright a light. Ulceration at the navel, and umbilical or inguinal hernia, will also be attributed to some sin of omission or commission.

The duties of the obstetric nurse should begin during the pregnancy of the patient. The young wife, pregnant for the first time and separated from her home and parents, may have no one to look to for advice except her nurse. The hygienic care of the pregnant woman is an important subject. The nurse should be competent to advise her regarding exercise, the ventilation of her rooms, bathing, clothing, rest, sleep, diet, the attention to the bowels and the breasts. The importance of systematic examinations of the urine must be emphasized, and if the patient has neglected this, she must be informed of its necessity. Then the obstetric nurse should superintend the preparations for the confinement. She should see that everything needed for mother and baby are procured beforehand. When summoned to a case of labor she should respond promptly, and having satisfied herself that labor has actually begun, she must prepare her patient, the room, bed, and herself. She must get everything in readiness,—basins, solutions, towels, hot and cold boiled water, douche-pan, sterilized pads, vessels, etc.

When must she send for the doctor? That is an important question for the doctor, and one that often demonstrates to him a good from a poor nurse. Many useless hours of unrest and loss of sleep fall to his lot because a nervous nurse sends for him in the middle of the night to see a primapara who will not need his services for twelve or fifteen hours. Good judgment on the part of the nurse, a cool head, and reassuring manners will prevent these unnecessary calls. The up-to-date obstetrician is supposed to have obtained beforehand such necessary information about his patient as the position of the infant, the measurements of the mother's pelvic diameters, etc. If these be correct, he can usually do nothing until the dilatation has progressed to some extent. The first stage of labor is generally slow, and the pains accomplish little during the early hours in women who are going through the first confinement. It is different, however, in subsequent labors, and the nurse cannot safely delay sending for the physician in these cases. She must be guided by these points: whether it is a primipara

or a multipara; the character and frequency of the pains; whether or not the membranes have ruptured. The difference of rapidity in first and subsequent labors has been mentioned and is familiar. The character of the pains in the first stage is marked from those of the second, as well as the difference in frequency and strength. The escape of the waters, unless premature, is followed by expulsive pains, and in a multipara greatly accelerates the progress of labor. Nothing is said about digital examinations as a means of ascertaining the progress of labor because they are discouraged. A safe rule is that the nurse must never make these examinations. With the greatest care there is always danger of septic infection, and the danger is twice as great if two people make examinations.

For want of space I must omit mentioning the duties of the obstetric nurse during labor and the puerperium, and pass on to the subject of "obstetric emergencies."

These will be divided into emergencies occurring before, during, and after labor. Immediately there comes to my mind two emergencies occupying the foreground,—convulsions and hemorrhages. They are important because nothing brings so much consternation to the household, and nothing so demands in a nurse coolness, prompt action, and a clear idea of what is to be done.

Convulsions occurring under these circumstances are generally due to toxæmia, and may or may not be preceded by threatening symptoms.

The immediate treatment to control the paroxysms until the arrival of the doctor is the same whether they take place before, during, or after labor.

Let it be remembered, in the first place, that it is not wise to attempt to restrain the convulsive movements of the patient by using physical force. It only aggravates the severity of the attack. Efforts are justified only to the extent necessary to prevent the patient from throwing herself off the bed or otherwise injuring herself. She should be prevented from lacerating her tongue by placing a compress of some soft material, as gauze or a towel, between the teeth.

Chloroform and morphia are the best drugs to control the attacks. As soon as the convulsion is passing off and respiration re-established, administer chloroform carefully by holding a handkerchief over the mouth and nose. Pour on a little chloroform at intervals and allow some air to be inhaled with it. Give a hypodermic injection of one-fourth of a grain of morphia, and repeat after each convulsion for two or three injections. As soon as the effect of the drug is manifested by cessation of convulsions, the administration of the chloroform should be discontinued.

Chloral in twenty- or thirty-grain doses by rectal injection is also an excellent remedy.

Having checked the convulsions, it is well while waiting for the physician's arrival to promote sweating by the hot pack or vapor-bath.

(To be concluded.)

THE NURSE AND THE PSYCHIC FACTOR

BY DELIA KNIGHT

A VERY interesting article on " Psychic Factor in Disease" appeared in the Boston *Medical and Surgical Journal,* August 16, 1900.

The author states seven propositions, amplifying and making illustrations of each from cases in private practice. I am unable to give you a pen-picture of the article as a whole, but will state the seven propositions, and invite the attention of nurses especially to the seventh.

(1.) That some cases of illness are simply neuroses without appreciable pathological lesions.

(2.) That causes capable of producing such neuroses may act while disease is present and should be guarded against.

(3.) Purely psychic causes, as shock, grief, and the like, may pave the way for, if not directly cause, profound pathological disturbance.

(4.) Attention to the psychic is capable under some conditions of so turning the scale to health that it may arrest, even perhaps cure, otherwise fatal pathological conditions.

(5.) Attention to the psychic should be considered a routine measure in the treatment of delirium from toxic causes, as alcohol, belladonna, ether, and the like.

(6.) Attention to the psychic should also be considered a routine measure in the treatment and in the prevention of delirium in febrile states, as of typhoid.

(7.) Nurses should be able to enter into psychic relations with their patients; otherwise the value of their services is much lessened and they may be harmful.

We believe there is a natural law which, if understood and rightly used, greatly increases any person's ability to influence his fellow-men. What this article terms the psychic factor is a necessary attribute of all leaders of men where great good is accomplished. Everyone is familiar with the great victories won by the personal influence of William, Prince of Orange, who was murdered July, 1584, and of whom Motley says,